

<b>Case Number:</b>	CM15-0000080		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old female, who sustained an industrial injury on August 20, 2013, when the right hand was pressed against a rack, injuring the right hand, wrist, and fingers. The injured worker noted right wrist and hand pain. The diagnoses have included compression injury of the right wrist with contusion, right carpal tunnel syndrome, status post right wrist and hand crush injury, other synovitis and tenosynovitis, hand, and other articular cartilage disorder, wrist. Treatment to date has included physical therapy, right carpal tunnel release on October 29, 2014, medications, and bracing. Currently, the injured worker reports complains of intermittent sharp, stabbing right wrist pain, with weakness, numbness, and tingling of the hands and fingers. The injured worker reported that the medications do offer temporary relief of pain and improve her ability to have restful sleep. The Orthopedic Consultation progress note, dated November 26, 2014, noted examination of the right wrist and hand to show +2 tenderness at the TFCC and +1 tenderness at the fourth and fifth extensor dorsal muscle compartment, with tenderness to palpation at the carpal bones and on the thenar eminence. Motor strength was noted to be decreased in the right upper extremity due to pain. On December 16, 2014, Utilization Review non-certified a request for chiropractic services (CMT, EMS, ultrasound, traction, myofascial release, exercises, right wrist) two times a week for six weeks, noting that the requests were not medically necessary. The MTUS, Chronic Pain Medical Treatment Guidelines, the MTUS ACOEM Guidelines, and the Official Disability Guidelines (ODG) were cited. On December 31, 2014, the injured worker submitted an application for IMR for review of chiropractic services

(CMT, EMS, ultrasound, traction, myofascial release, exercises, right wrist) two times a week for six weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Chiropractic services (CMT, EMS, Ultrasound, Traction, M. Release, Exercises R. Wrist )  
2xwk x 6wks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Manual therapy & manipulation, massage therapy, exercise. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Patient has not had prior chiropractic treatments. Provider requested initial trial of 12 chiropractic treatment for wrist pain. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Furthermore MTUS guidelines do not recommend Chiropractic for wrist pain. Per guidelines and review of evidence, 12 Chiropractic visits are not medically necessary.